



1424 HOWE AVENUE, SUITE 33, SACRAMENTO, CA 95825-3217 (916) 263-2195 FAX (916) 263-2197



2001 APPLICATION TO BE PLACED ON RINGSIDE PHYSICIAN LIST

☐ ORIGINAL APPLICANT ☐ RENEWAL APPLICANT

Please submit the following with this Application:

- ☐ Proof of Medical License
- ☐ List of Hospital Privileges
- ☐ Verification Letter of Services*
- ☐ Proof of Malpractice Insurance**
- ☐ 2 Passport size Photos
- ☐ Curriculum Vitae

Approved By: _____	Office Use _____
Cert. Number: _____	

Name			Birthdate / /		
Residence Address (Number and Street)			Residence Phone Number () Cell Number () Pager Number ()		
City Code	State	Zip			
Business Address (Number and Street)			Business Phone Number () Fax Number ()		
City Code	State	Zip			
Year Licensed in California			Licensee Number		

Are you a member of a Specialty Board? ☐ Yes ☐ No

Name of Specialty Board:

Your Specialty:

- * Submit letter from administrator or Chief of Staff or other party of one of the hospitals showing that you are credentialed to do Emergency Medicine, Internal Medicine, Family Practice, General Practice, General Surgery, or any other specialty service that would be considered those tasks that a ringside physician should be able to perform.
- ** Any ringside physician credentialed prior to 1987 need not forward anything but proof of licensure and malpractice coverage. However, it is encouraged that if you come under this heading to at least give us the names of the hospitals for which you are credentialed so that the commission has knowledge of which hospitals are attended by a ringside physician in this State.

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Applicant's Signature _____

Date _____